

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90457 035 ***158.75

DOCUMENT # P04000005905

1. Entity Name

CHRIS'S HOME REPAIR AND IMPROVEMENT SERVICES,
INCORPORATED



Principal Place of Business

7037 DORR ST
MILTON FL 32583

Mailing Address

P.O. BOX 290
BAGDAD FL 32530

2. Principal Place of Business

5337 Mountain Laurel Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Zip

Country

5337 Mountain Laurel Lane

Suite, Apt. #, etc.

City & State

City

State

Zip

Country

5337 Mountain Laurel Lane

Suite, Apt. #, etc.

City & State

City

State

Zip

Country

5337 Mountain Laurel Lane

Suite, Apt. #, etc.

City & State

City

State

Zip

Country

5337 Mountain Laurel Lane

Suite, Apt. #, etc.

City & State

City

State

Zip

Country

5337 Mountain Laurel Lane

Suite, Apt. #, etc.

City & State

City

State

Zip

Country

5337 Mountain Laurel Lane

Suite, Apt. #, etc.

City & State

City

State

Zip

Country



1st MOORE

CR2E034 (10/05)

4. FEI Number

58-2680655

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CREVERLING, SANDRA H
7037 DORR ST
MILTON FL 32583

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5337 Mountain Laurel Lane

City

Milton

State

FL

Zip Code

32570

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sandra H Creverling

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/1/06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CREVERLING, CHRISTOPHER S
STREET ADDRESS 7037 DORR ST
CITY-ST-ZIP MILTON FL 32583

TITLE VT ☐ Delete
NAME CREVERLING, SANDRA H
STREET ADDRESS 7037 DORR ST
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5337 Mountain Laurel Lane
CITY-ST-ZIP MILTON, FL 32570

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5337 Mountain Laurel Lane
CITY-ST-ZIP MILTON, FL 32570

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra H Creverling Sandra H. Creverling 4/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-981-8331